UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/SEN/5
3 August 2001

ORIGINAL: ENGLISH

Second regular session 2001
10 to 14 September 2001, New York
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Senegal

Proposed UNFPA assistance:	$11.5 million, $7.5 million from regular resources and $4 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.3	3.7	8.0
Population and development strategies	2.7	0.3	3.0
Programme coordination and assistance	0.5	-	0.5
Total	7.5	4.0	11.5

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SENEGAL

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	47	≥60
Contraceptive prevalence rate (%)[2/]	13	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	1.15	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	119.0	≤65
Infant mortality rate (per 1,000 live births)[5/]	63	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	560	≤100
Adult female literacy rate (%)[7/]	23	≥50
Secondary net enrolment ratio (%)[8/]	65	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	9,662	Annual population growth rate (%)	2.51
Population in year 2015 (000)	13,516	Total fertility rate (/woman)	5.11
Sex ratio (/100 females)	99	Life expectancy at birth (years)	
Age distribution (%)		Males	52.5
Ages 0-14	44.3	Females	56.2
Youth (15-24)	20.0	Both sexes	54.3
Ages 60+	4.2	GNP per capita (U.S. dollars, 1998)	520

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of Senegal in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $11.5 million, of which $7.5 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek the balance of $4.0 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of resources. This would be the Fund's fifth programme of assistance to Senegal, a "Category A" country under the UNFPA resource allocation criteria.

2. The proposed programme was designed in consideration of the findings of the Country Population Assessment (CPA), the Common Country Assessment (CCA), and the strategic orientations of the United Nations Development Assistance Framework (UNDAF). The process began in November 1999, after the mid-term review of the current country programme, when the Government of Senegal set up an inter-ministerial committee consisting of 25 members representing the Parliament and other key government institutions, non-governmental organizations (NGOs), United Nations, religious institutions and the media. A multidisciplinary team of five emerged from this committee to draft the CPA. The team included specialists in reproductive health; population and development; information, education and communication (IEC) and advocacy; and gender issues. The draft CPA was reviewed and finalized in conjunction with the Country Technical Services Team (CST) in Dakar and the steering committee.

3. The programme is consistent with the goals of the Government of Senegal on population and development as stated in the revised national population policy, the tenth national development plan, the national action plan for the advancement of women and the national health development plan. Revision of the CCA and UNDAF documents in 2001 led to the identification of three priority areas for United Nations assistance to Senegal: effective governance at the national and local levels; poverty alleviation activities in the regions of Tambacounda and Casamance; and advocacy of universal education. The priorities identified by the UNDAF will enhance the complementarity and coordination of the United Nations system and increase its responsiveness to government development priorities.

4. The overall goal of the Government as stated in the revised national population policy of 2001 is to improve the quality of life and raise the standard of living of the Senegalese population taking into account gender equity and equality. To that end, the Government aims at: (a) reducing morbidity and the infant and maternal mortality rates; (b) lowering the fertility and population growth rates; (c) decreasing all forms of discrimination, violence and harmful practices against women and girls; (d) promoting the socio-economic status of women and encouraging their increased participation in public life; and (e) working towards a balanced

geographical distribution of the population. UNFPA proposes to assist the Government in attaining these goals through the proposed fifth country programme.

5. All activities under the proposed programme will be undertaken with a human rights approach and in accordance with the principles and objectives set forth in the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The Department of Statistics estimated the population of Senegal at 9.5 million in 2000. Life expectancy at birth is 51 years for males and 53 years for females. The population growth rate is estimated at 2.7 per cent per year. If this growth rate continues unabated, the population will double in 26 years. Only 48.3 per cent of deliveries are attended by trained health professionals, and the contraceptive prevalence rate is 8.2 per cent nationwide. The population density of 46 inhabitants per square kilometre is unequally distributed throughout the country, ranging from 3,936 inhabitants per square kilometre in Dakar to 34 in Kolda and 8 in Tambacounda. The total fertility rate dipped to 5.7 in 1997, down from 7.1 in 1978. The drop is attributed to at least the following four factors: (a) the increase in age at first marriage; (b) the high rate of enrolment and retention of girls in school; (c) the increased use of modern contraceptive methods among married women; and (d) the acceleration of rural-to-urban migration, particularly to Dakar. The Senegalese population is young, with 47 per cent under 15, roughly 58 per cent under 20 and only 5 per cent over age 60.

7. Several surveys conducted between 1997 and 2000 on adolescent health revealed several key findings, among them: (a) 46 per cent of adolescents aged 15-18 are sexually active; (b) 18 per cent of adolescent girls have at least one child; (c) 26 per cent of first children born to adolescent girls occur before marriage; (d) unwanted pregnancies are on the rise with the ensuing consequences of unsafe abortions (about 70 per cent of post-abortion complications occur among girls aged 14-24); (e) 28 per cent of adolescent girls think there are no means to prevent HIV infection; and (f) the contraceptive prevalence rate among adolescents is 2.7 per cent and condom use is estimated at 0.8 per cent.

8. According to demographic and health surveys (DHS), national maternal mortality rates increased from 460 per 100,000 live births in 1985 to 510 per 100,000 in 1992-1993. Medical sources in Tambacounda estimate that region's maternal mortality rate to be further increasing, to 1,200 per 100,000 live births in 1999. The main causes of maternal death are haemorrhage (41 per cent) and infectious diseases (21 per cent); hypertension and an insufficient number of trained staff who can provide emergency obstetric care are other, lesser, factors.

9. A 1997 DHS study suggests that 7 in every 1,000 women and 10 in every 1,000 men contracted a sexually transmitted infection (STI) during the 12 months preceding the survey, an overall prevalence rate below 1 per cent. However, a December 2000 epidemiological bulletin reports STI prevalence among men at 2.1 per cent. WHO figures show HIV prevalence to be 1.7 per cent. According to a 1999 national health survey, there is a high level of HIV/AIDS awareness: most men (92 per cent) and women (84 per cent) can identify one mode of HIV transmission. Through state subsidies and agreements with pharmaceutical firms, the Government provides anti-retroviral drugs at reduced cost to people living with HIV/AIDS. Senegal also established a programme in May 2000 for the prevention of mother-to-child transmission of HIV.

10. Recent years have witnessed a considerable increase in school enrolment rates: 68.3 per cent in 1999-2000, up from 54.5 per cent five years earlier. However, this boost reflects male enrolment only, as the gap in gender enrolment has remained stable at 13.5 per cent over the same period. Girls' access to secondary education is half that of boys (6 per cent compared to 12.4 per cent). Although lack of space at the higher education level remains a major hurdle, at a new university in the city of Saint-Louis girls account for about half of the student body. In 2000, the Government adopted a ten-year programme to address gender enrolment gaps.

11. Women represent 52 per cent of the population in Senegal. Women's social status remains closely tied to their role as mothers. The Government has introduced important instruments to elevate their status, including enacting a law against all forms of discrimination and violence against women, including female genital cutting (FGC); ratifying the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW); and establishing an Observatory for the Advancement of Women. The new Constitution adopted in January 2001 further strengthens women's status: forced marriage is considered an infringement of women's individual freedom, and women have the right to own and manage their private property, including land, without their husbands' consent. However, the effective enforcement of those laws is still lacking, owing mainly to sociocultural constraints and resistance to change based on traditional beliefs, especially in rural areas.

12. Over the past five years, the Government has taken measures to implement the recommendations of the ICPD and the Platform for Action of the Fourth World Conference on Women. These include: (a) revision of the population policy to include the major recommendations of the ICPD; (b) establishment of a National Department of Reproductive Health, which includes a Division for Adolescent Reproductive Health; (c) enactment of legislation on reproductive health based on proposals from the network of parliamentarians on population and development; (d) development of a national action plan for women; (e) founding a national observatory on the rights of women and young girls; (f) adoption of a national programme on poverty alleviation; and (g) adoption of sectoral policies and action plans for education, health, employment, and the environment.

Previous UNFPA assistance

13. UNFPA assistance to Senegal started in 1975. Through 1995, the Fund had allocated close to $30 million to the Government of Senegal to, among other things, improve the socio-demographic data system, enhance the understanding of population issues, formulate and implement national population policies and programmes, and create awareness among the general population on population issues. As a follow-up to the ICPD and with UNFPA support, the Government adopted the reproductive health concept, including adolescent sexual and reproductive health, and launched two pilot projects in these areas.

14. The fourth country programme (1997-2001) was designed to assist the Government to reach and maintain a sustainable balance between population growth and economic development and to improve the status, condition and quality of life of women by fostering gender equality, equity and empowerment of women. That programme was budgeted at $15 million, of which $10 million was to come from UNFPA regular resources and $5 million from multi-bilateral sources. The total expenditure is estimated at $8.4 million from regular resources and $1.5 million from multi-bilateral funds. In addition, the Government contributed $152,000. The fourth programme was operationalized through three subprogrammes in the areas of population and development strategies, reproductive health and advocacy. National execution was the main modality, with several activities sub-contracted to local NGOs.

15. The efforts of the current population and development strategies subprogramme led to the revision of the 1988 national population policy. The revised policy takes into account the ICPD and recommendations of other relevant global conferences. The subprogramme also contributed to the development of the draft strategic orientations of the tenth national economic and social development plan (2002-2006). UNFPA assistance contributed to upgrading the technical skills of nationals in reproductive health, gender, IEC and strategic planning programming using the logical framework approach. With UNFPA support, the training capacity of the Université Cheikh Anta Diop de Dakar (UCAD) was strengthened, leading to the development of teaching curricula in the areas of population and development, gender, and reproductive health. Through this arrangement, links were established with universities in Canada, Belgium and Burkina Faso. A multidisciplinary team of teachers was formed at UCAD to teach courses in the new curricula.

16. The introduction of population and family life education in 32 schools has yielded better results than expected. The integration of population and family life education into the teaching curricula was extended from pre-school to the fourth year of the secondary level and was introduced into the curricula at the upper secondary level and at two teacher training institutions. In addition, the fourth country programme successfully introduced population and family life education into four pilot Koranic schools. This came about as a result of intensive advocacy targeting Islamic religious leaders, who now lend their support to this integration initiative.

17. In the area of reproductive health, there has been an increase in demand for services in the nine health districts covered by the subprogramme. This has been achieved in large part thanks to: (a) the development of norms and protocols for service delivery; (b) improved skills of health workers in contraception, IEC counselling and prenatal care; (c) the establishment of training curricula on reproductive health and post-abortion care; and (d) the creation of a pool of trainers in reproductive health management. UNFPA has provided support to the Ministry of Health to develop a model for integrating reproductive health services in the five levels of the health system. Five pilot centres have been restructured to test the model for its replication nationwide. In an effort to make family planning services more accessible to communities, the programme has trained community-based agents in a pilot initiative for distribution of contraceptives. Through an intensive IEC campaign, the programme has raised people's awareness and understanding of reproductive health issues, including HIV/AIDS, and of the services available to them. With the increase in the number of youth centres (from 5 to 10) and the training of a pool of youth peer educators for in- and out-of-school interventions, the access to reproductive health information and services by adolescents and youth has been greatly improved. The programme also introduced the female condom, thus widening the range of choice of contraceptives available.

18. The advocacy subprogramme has contributed to improving the social and political context and legislative framework for population policy implementation. Networks of parliamentarians, religious leaders, traditional communicators and journalists were set up and helped to foster an environment that enabled parliamentarians to pass laws on FGC and violence against women. In addition, the parliamentarian network has introduced a bill that if passed will bolster reproductive rights including, those of adolescents. Involving traditional communicators, religious leaders and journalists has been effective in putting other issues, such as family planning, on the public agenda as well.

19. Lessons learned. Lessons learned during the fourth country programme include: (a) in the context of limited resources, it is necessary to target interventions more strategically, both in terms of scope and geographic distribution, to reinforce programme impact; (b) the fact that coordination mechanisms exist does not mean that they work as designed; effective coordination calls for the involvement of all stakeholders; (c) in the absence of a comprehensive strategy, the advocacy activities did not provide the expected support to the population and development strategies and reproductive health subprogrammes; advocacy must aim at specific objectives within the subprogrammes to have the desired impact; (d) centralized management of the national financial contribution reduces the effectiveness of the implementation of components funded jointly by UNFPA and the Government; and (e) the lack of a critical mass of staff in all ministries and eligible NGOs trained in integrating the gender approach into programmes has slowed the mainstreaming of gender issues into sectoral plans and programmes.

Other external assistance

20. Besides UNFPA, other sources of assistance on population and reproductive health issues in Senegal include UNICEF, UNDP, WHO, the United Nations Environment Programme (UNEP), the World Bank, the African Development Bank, the Japanese Agency for International Cooperation (JICA), and the United States Agency for International Development (USAID). The World Bank channels its funds for poverty alleviation through the social investment fund – a 10-year (2001-2010), $30 million initiative that targets women, youth and local communities. It provides funds for infrastructure, equipment and community-based services, while strengthening capacity of grass-roots organizations and promoting income-generating activities in four regions. The African Development Bank (ADB) has allocated $20 million over the period 2000-2004 to build the capacity of women and youth groups and government institutions; support income-generating activities; and supply water and sanitation equipment in select regions. The United Nations Capital Development Fund provides funding for infrastructure and sanitation facilities, supports small-scale projects, and provides labour-saving devices to women in six regions.

21. Through its $69 million assistance programme to Senegal (1998-2006), USAID supplies contraceptives at the national level and supports staff training and refresher courses in six regions. Within its cooperation programme with the Government, JICA provides $37 million a year for constructing and equipping new classrooms across all 10 regions of Senegal. In the area of reproductive health, JICA provides equipment to UNFPA-supported health centres and offers scholarships to health workers. Since 1996, WHO has provided $2 million a year to support priority activities addressing communicable diseases such as malaria, tuberculosis, and diarrhoea; reproductive health (essential emergency obstetrical care); hygiene; and environmental health. The sector-wide approach to health financing through the country's Integrated Development Programme for Health (PDIS) has contributed $327 million between 1998 and 2002, with contributions from USAID, JICA, Canada, France, Belgium, Germany, the European Union, World Bank, UNICEF, WHO, UNFPA and UNDP.

The proposed programme

22. The goal of the proposed programme is to contribute to the improvement of the quality of life and standard of living of the Senegalese population through the implementation of the revised national population policy, taking into account gender equity and equality.

23. The proposed programme includes two subprogrammes: population and development strategies and reproductive health. Advocacy activities will be integrated within each subprogramme. The population and development strategies subprogramme will be implemented at the national level. The reproductive health subprogramme focuses on the Tambacounda and Kolda regions, but activities in the areas of adolescent sexual and reproductive health activities and family life education would be national in scope. The two regions have been selected

because they have the lowest contraceptive prevalence rate nationwide (4.6 per cent and 5.1 per cent, respectively); the largest unmet needs in family planning (43 per cent); the lowest rate of school enrolment for girls (14 per cent); the poorest access to basic social services (only 5 per cent of the population has access to drinking water); the highest total fertility rate in the country (6.4 and 6.3 per cent, respectively); one of the highest maternal mortality rates (1,200 per 100,000 live births according to hospital records in Tambacounda); and low level of births attended by trained health professionals (28 per cent).

24. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the achievement of the objectives of the revised national population policy through improved management of the programme at the national and regional levels and strengthened institutional capacity to mainstream gender equality and equity. Key issues to be addressed include the lack of a centralized integrated information system broken down by sex and geographical area; the weak coordination mechanism of population activities; the unequal population distribution across the national territory; the inadequate integration of gender issues in development programmes; social and cultural resistance to the application of laws on violence against women, including FGC; and the insufficient number of trained staff, particularly women, for the implementation of population programmes. The amount of $3 million will be set aside for the proposed subprogramme, of which $2.7 million would come from UNFPA regular resources and $300,000 from multi-bilateral and other sources.

25. The first output would be strengthened integration of the revised population policy objectives into policies, plans and programmes. This would be done through: (a) elaborating national and regional action plans to coordinate and implement the policy; (b) integrating the revised population policy objectives into sectoral policies, plans and programmes at central and regional levels; (c) widely disseminating the population policy and the ensuing actions plans; (d) coordinating the overall implementation of the country programme; and (e) setting up a management plan for the implementation of population activities at central and regional levels.

26. The second output would be increased technical capacity of national institutions in the areas of population and development, reproductive health and gender. This would be realized through: (a) integrating gender issues in the teaching curricula of national colleges and professional training institutions for civil servants, health professionals, lawyers, police and journalists; (b) researching the replicability of the strategy to integrate reproductive health and gender issues into the health system; and (c) supporting the functioning of the population and reproductive health training institute at the UCAD.

27. The third output would be increased availability of up-to-date, centralized and disaggregated information and data by gender and locality. This would be achieved through: (a) establishing a socio-demographic database by sex, age and locality; (b) contributing to the realization of the next national population census and the fourth demographic and health survey;

(c) setting up an information management plan for the implementation of population activities at the central and regional levels; and (d) disseminating and exchanging information on programme achievements and lessons learned.

28. The fourth output would be strengthened integration of gender approaches into policies, plans and programmes. This would be done through: (a) developing an action plan for the implementation of the recommendations of conferences of women ministers and parliamentarians; (b) strengthening the negotiation and leadership capacity of women parliamentarians and local elected officials, and leaders of NGOs serving young women, women's groups and associations; (c) integrating gender issues into sectoral population policies and programmes at the national and regional levels; (d) setting up an information database on women's and girls' rights; and (e) strengthening the capacity of NGOs and networks to advocate new laws on reproductive rights, including adolescent reproductive rights.

29. The strategies for the population and development subprogramme include: (a) strengthening the capacity of institutions implementing the revised national population policy, plans and programmes; (b) reinforcing the coordination, supervision and management capabilities of the national coordinating body; (c) improving socio-demographic data collection, analysis, and dissemination; (d) strengthening women's negotiation and leadership capacities; (e) promoting reproductive rights, including adolescent reproductive rights; (f) improving the coordination of advocacy for population issues; and (g) reinforcing the research and training capabilities of national institutions in population, gender and reproductive health.

30. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to improved access to quality reproductive health information and services, particularly in the Tambacounda and Kolda regions. Key issues to be addressed include the insufficient integration of reproductive health services into the health system; limited use of reproductive health services; the high levels of infant and maternal mortality; the high prevalence of unsafe abortions; limited access of young people to reproductive health services and care; and the lack of a comprehensive national advocacy strategy. An amount of $8 million is earmarked for the reproductive health subprogramme, of which $4.3 million would come from regular resources. The remaining $3.7 million would be sought from multibilateral and other sources.

31. The first output would be improved access to quality reproductive health services in Tambacounda and Kolda. This would be done by: (a) providing integrated reproductive health services in Government- and NGO-operated service delivery points; (b) providing emergency obstetrical care in 15 Government-operated service delivery points; (c) strengthening the referral system for pregnant women in the seven health districts of the two regions; (d) extending the community-based contraceptive distribution system to the health districts; (e) training service delivery personnel to apply the norms and protocols of quality reproductive health services; and (f) undertaking a client satisfaction study in the health districts of the two regions.

32. The second output would be improved access to reproductive health information, education, counselling and services for youth and adolescents at the national level. This would be achieved through: (a) integrating adolescent sexual and reproductive health services into the health services of two schools on a pilot basis; (b) integrating pilot adolescent sexual and reproductive health services into seven Government-operated health facilities; (c) creating five adolescent multi-purpose centres and information booths on adolescent sexual and reproductive health in 11 high schools; (d) providing life skills education to adolescent girls in six districts; (e) reinforcing achievements in the existing 10 youth centres; (f) introducing family life education in high schools throughout the country and in 15 Koranic schools; (g) generalizing family life education in primary and secondary schools throughout the country; (h) strengthening the capacity of selected NGOs and networks to integrate reproductive health into their own activities and disseminate information on reproductive health and HIV/AIDS; and (i) developing a comprehensive advocacy strategy in support of reproductive health and gender issues.

33. The third output would be strengthened management capacity of the national reproductive health service. This would be achieved through: (a) creating a database on reproductive health; (b) undertaking a baseline survey in the two regions and developing performance indicators; and (c) strengthening the capacity of health management teams in the two regions to develop and implement a management and training plan for the two focus regions.

34. The total contraceptive needs for Senegal amount to $1,124,000 a year, almost all of which is provided by USAID. The current USAID programme of assistance will come to an end in 2006 and its budget for contraceptives will be progressively reduced, from $900,000 in 2002 to $650,000 in 2006. It is expected that UNFPA, Germany, Japan and the International Planned Parenthood Federation will fill the gap. A unit within the National Reproductive Health Service is responsible for contraceptive management using software provided and installed by USAID.

35. The strategies for the reproductive health subprogramme include: (a) upgrading the skills of institutions providing reproductive health information and services; (b) promoting male responsibility in sexual and reproductive health; (c) improving the management of the reproductive health programme based on proper data management and research findings; (d) integrating adolescent sexual and reproductive health services into existing government health facilities and school health facilities on a pilot basis, as well as in NGO-operated service delivery points; (e) strengthening community-based contraceptive distribution systems; and (f) strengthening family life education in the school system and selected civil society institutions.

Programme implementation, coordination, monitoring and evaluation

36. The programme will be executed by the Government of Senegal line ministries and international and select local NGOs, with technical backstopping from the UNFPA Country Technical Services Team (CST) based in Dakar. Within the framework of the UNDAF, UNFPA

will establish areas for collaboration with UNDP, UNICEF, the World Food Programme, WHO, and the International Labour Organization. The United Nations country team decided to concentrate efforts in the Departments of Kedougou and Tambacounda covered by this programme. The Direction de la Planification des Ressources Humaines (DPRH) will coordinate the implementation of the programme, while the Direction de la Dette et de l'Investissement (DDI) will be responsible for the financial execution of the programme.

37. A steering committee, chaired by DPRH and including all partners, will ensure overall coherence in programme execution, review programme activities, endorse annual budgets, validate annual reports, summarize reports and disseminate them in preparation for statutory meetings. The steering committee will meet at least twice a year – at the beginning of the year to plan and develop annual work plans for component projects and at the end of the year to assess progress in implementation. Programme implementation will be monitored and evaluated in accordance with UNFPA guidelines and procedures. The steering committee will oversee the preparation of background documents for annual reviews, the mid-term review in 2004, and the evaluation of the programme in 2006. Each subprogramme will be coordinated by a technical committee made up of the partners involved, and chaired by the leading ministry responsible for the implementation of the subprogramme. The technical committee serves as a forum for streamlining the subprogramme's annual and updated quarterly work plans. The committees will meet once a quarter. In addition, the committees will meet as necessary. At the beginning of the programme, baseline surveys will be conducted and a data collection and analysis mechanism will then be put in place to ensure continuous monitoring and evaluation.

38. The UNFPA country office in Senegal is composed of a Representative, also responsible for Gambia, three programme officers, one administrative assistant, one financial assistant, three secretaries, two drivers, and one messenger. Given the complexity and the scope of the reproductive health subprogramme, one health professional will be recruited as a National Professional Project Personnel. Under the proposed programme, the amount of $500,000 would be used for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Senegal as presented above, in the amount of $11.5 million, for the period 2002-2006, of which $7.5 million will be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA will seek the balance of $4.0 million through co-financing arrangements and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of resources.

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